

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/5212**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2							52						
3		1		1			53						
4		2					54						
5		2					55						
6		6					56						
7		6					57						
8		6					58						
9		6					59						
10	1		1				60						
11		1					61						
12		1					62						
13		1					63						
14		4					64						
15		4					65						
16		4					66						
17		4					67						
18		4					68						
19		4					69						
20		4					70						
21	1						71						
22							72						
23							73						
24							74						
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27							77						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	18	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			20				TOTAL CLAIMS						